

No. 2
-12-45
5-17-39
1 X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 14 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11161

State File No.

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **3430**

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution life (Specify whether
In this community life years, months or days)

3. (a) PRINT FULL NAME INFANT LANG

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 26, 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
*	*	1	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business.....

MOTHER FATHER

12. Name Ervin J. Lang

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Kathleen Riechmann

15. Birthplace Memphis, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Ervin J. Lang

(b) Address 1807 Sidney Street

17. (a) burial (b) Date thereof 3-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) MAR 31 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2379

(d) Street No. 1807 Sidney Street
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1947 hour..... minute 30 M.

21. I hereby certify that I attended the deceased from Birth
March 26, 1947 to March 27, 1947
that I last saw im alive on March 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Congenital heart disease

Due to.....

Due to.....

Other conditions.....
(include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other) M.D.
Address 4930 Bindell, St. Louis, Mo. Date signed 3/28/47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Not Embalmed

Signed _____

Licensed Embalmer No. *2530*

P. O. Address *2301 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.